COVID-19: OVERVIEW OF HEALTH AND CARE RESPONSE IN SOUTHAMPTON JUNE 2020

1. Context

1.1. Since the outbreak of coronavirus first became public in January 2020, Southampton City Council and NHS Southampton City Clinical Commissioning Group (CCG) have been preparing for the times ahead. Over recent months services have been required to adapt to the most challenging of circumstances, and a number of changes have taken place at a rapid pace. This paper gives a brief overview of how the system in Southampton has been functioning.

1.2. There are 19,000 clinical staff in the NHS in Hampshire and the Isle of Wight. At the peak, absence rates increased. Over 430 'Bring Back Staff' (including nurses, medics and allied health professionals) and 770 students have been sent to trusts within Hampshire and the Isle of Wight. Some checks have been completed (for example, DBS) and then the Trust completes the process with uniform, badge, training etc. Most GP returners have been sent to support NHS 111.

1.3. A major incident was declared on 18 March 2020 and remains in place. This allows for systems to be introduced to ensure the right plans are in place, making sure the system is ready and has capacity in the challenging times ahead. Southampton City Council and the CCG are working with the Local Resilience Forum, as a wider multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others.

1.4. Health and care providers have been required to adapt and make large changes to the way in which they deliver services. In some cases this has required contractual changes. For example, we have put in place a reduction in the need to report and monitor services and shifted to a focus on quality and safeguarding measures, ensuring that where possible providers can put as much of their resources as possible towards frontline care. Southampton City Council has set out changes in payment arrangements for home care, day care, residential/nursing care and supported living providers.

1.5. We are aware that patients may not be presenting for non-COVID-19 conditions due to the emergency period we are in. We are monitoring this situation and working with providers around how we ensure our population

continues to receive the urgent services they require. . This has been a changing situation with attendances increasing over the past month

1.6. Much of the work outlined in this paper has been undertaken by the Integrated Commissioning Unit (ICU). Long established joint commissioning arrangements have enabled Southampton City Council and the CCG to develop and enable, at pace, many of the changes required for the city to meet the challenges caused by the COVID-19 outbreak. The work includes:

- co-ordinating flow across the health and care system and enabling effective integrated pathways to be implemented
- supporting market sustainability (support, quality, financial and contractual)
- building market capacity and resilience in providers and communities
- quality, safeguarding and infection control.

2. Governance arrangements

2.1. We are currently working within a major incident; the Strategic Co-ordination Group (SCG) declared a major incident on 18 March 2020.

2.2. The Civil Contingencies Act 2004 provides the statutory framework for planning and dealing with emergencies. The Act defines an emergency. The current situation is an emergency because it 'threatens serious damage to human welfare'. The Act provides the power to make emergency regulations. The Coronavirus Act 2020 also contains some new statutory powers to enable responders to mitigate the impact of the COVID-19 pandemic.

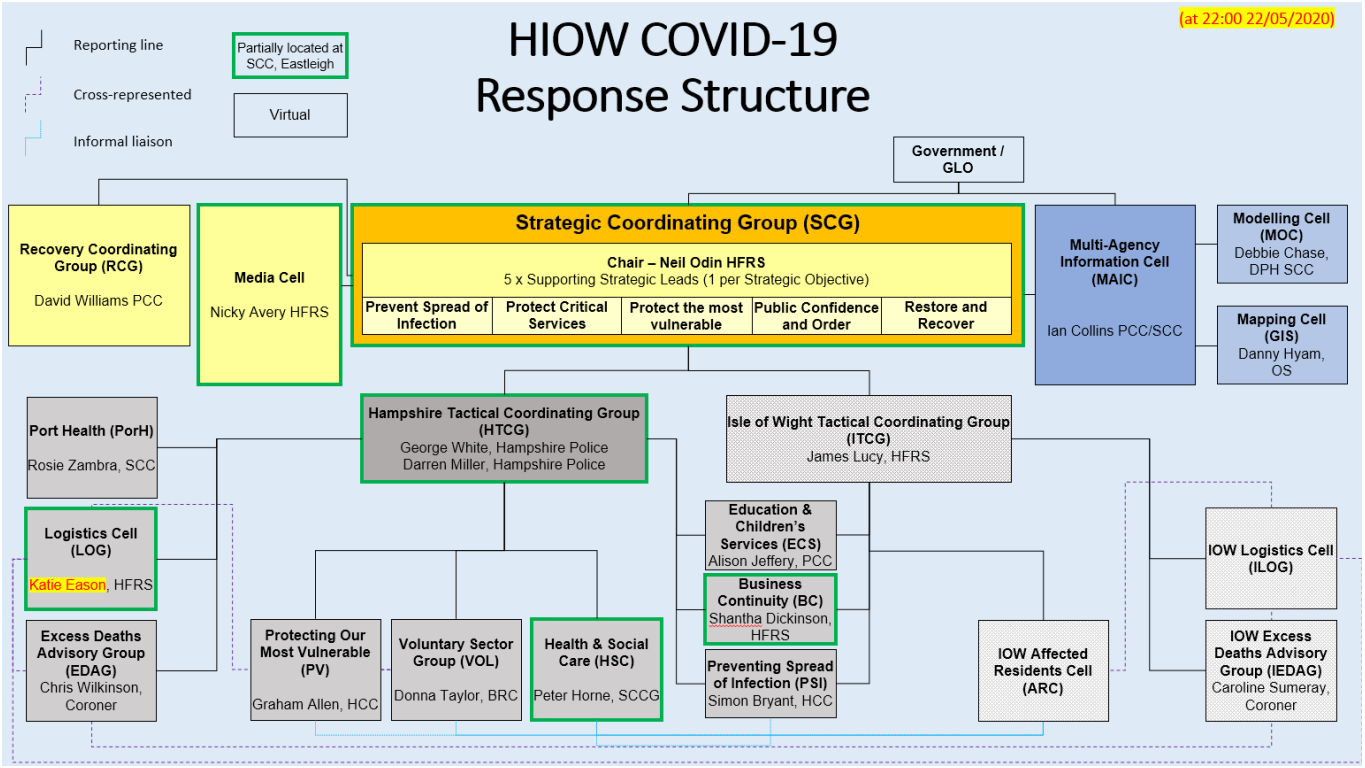
2.3. The Civil Contingencies Act divides local bodies into two categories, with different responsibilities:

- Category 1 responders including local authorities, emergency services and some health bodies. The Act requires Category 1 responders to organise as a Local Resilience Forum in Local Resilience Areas which follow police force boundaries.
- Category 2 responders such as transport providers who must co-operate with Category 1 responders.

2.4. Locally the Hampshire & Isle of Wight Local Resilience Forum (LRF) covers Portsmouth, Isle of Wight, Southampton and the county of Hampshire. The emergency response is based around the concepts of

command, control and cooperation and operates at three levels – operational, tactical and strategic.

2.5. The structure of this arrangement is in the figure below:



2.6. The Strategic Coordinating Group (SCG) is the main command group of this structure. Chaired by Neil Odin the Chief Officer for Hampshire Fire and Rescue Service. This group meets weekly and has the power to escalate issues up to Central Government through the Ministry of Housing, Communities and Local Government – a representative attends SCG. SCG acts under legal authority under the Civil Contingencies Act 2004.

2.7. The agreed Strategic Objectives are as follows with each of the leads having their own support cell and being in attendance at SCG.

- Prevent spread of infection - Strategic Lead: Simon Bryant, HCC Director of Public Health
- Maintain critical services - Strategic Leads: Maggie MacIsaac NHS and Steve Apter Hampshire Fire and Rescue Service
- Protect the most vulnerable - Strategic Lead: Graham Allen, Hampshire County Council

- Maintain public confidence and order - Strategic Lead: Dave Powell and Scott Chilton, Hampshire Constabulary
- Restore and recover to new normal - Strategic Lead: David Williams, Portsmouth City Council

2.8. A number of Council and CCG employees are involved in the supporting cells, for example Debbie Chaise the interim director of public health for SCC leads the modelling cell. Maggie MacIsaac as the local CCGs Chief Executive and Chief Executive of the HIOW Integrated Care System (ICS) leads the health response through the health and care cell to which health and care representatives attend once a week.

2.9. The HIOW LRF produces a Common Operating Picture (COP) each day which is available for all LRF partners which ensures all partners understand the current position of the major incident.

2.10. The Hampshire Tactical Coordinating Group meets twice weekly and takes reports from each of the cells, and will escalate issues up to SCG should they be needed.

2.11. To ensure that Southampton and South West Hampshire health and care provision is optimised to address the COVID-19 threat, a multi-agency group of senior officer and clinical leaders meet regularly. The purpose is to ensure effective demand and capacity modelling, provide system wide oversight, enable mobilisation of additional capacity and resource deployment, monitor risks and impact and put mitigations in place. The group will escalate issues as necessary to the Hampshire and Isle of Wight COVID-19 Health and Social Care cell, within the major incident set up as outlined above. The group will also work on recovery to business as usual.

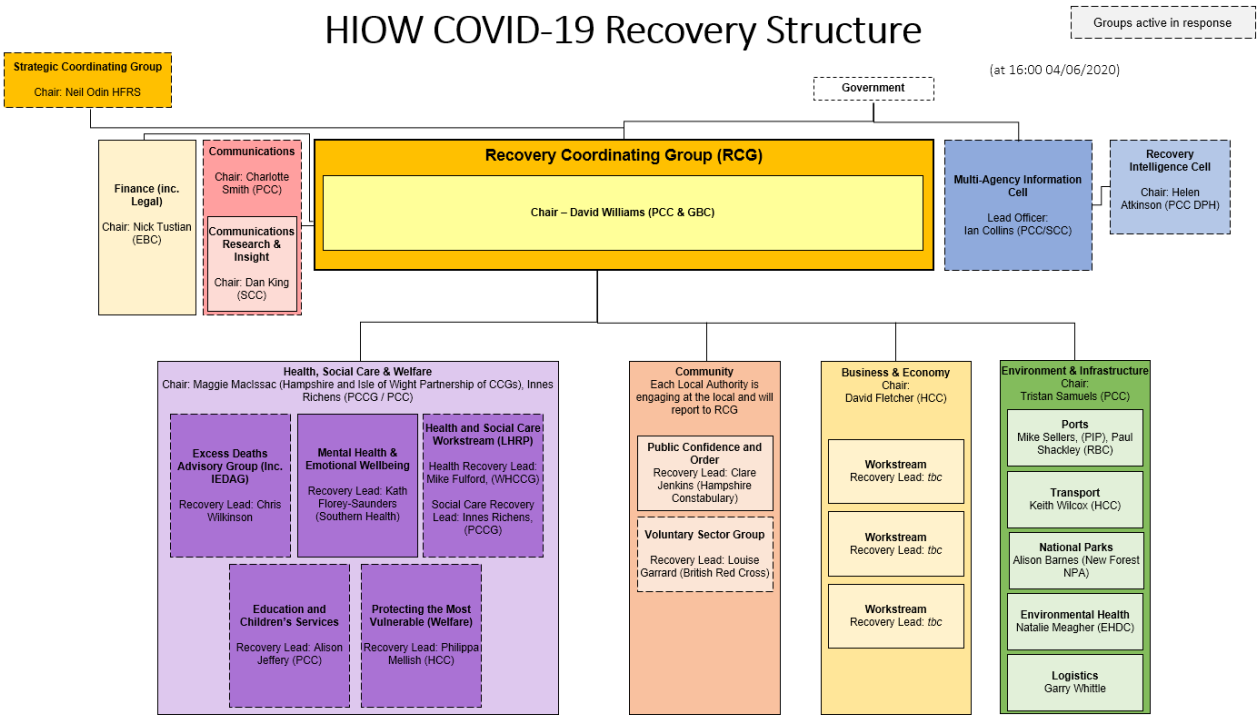
2.12. The HIOW LRF Recovery Structure aim is to restore the social, economic and political well-being of the communities of HIOW.

2.13. The Objectives are

- Help HIOW communities and businesses to recover and move forward as speedily as possible through an effective, collaborative, and well-communicated multi-agency response led by the local authorities
- Develop and maintain an impact assessment for the COVID 19 pandemic in HIOW
- Develop a concise, balanced, and affordable recovery action plan

- Ensure a system is in place for the monitoring and protection of public health and that plans are in place to manage response alongside recovery (second wave or non-COVID-19 incident)
- Critical services including our utilities and transport networks continue to be supported to be supported and maintained
- A pro-active and integrated framework of support to businesses is established
- Help those traumatised by their experience of the impact of COVID 19 on themselves, their families and their loved ones address their trauma (and grieve their loss)
- Reinforce and restore public confidence in the resilience of the machinery of government to protect the public from critical incidents
- Celebrate and commemorate the contributions made to support our communities through the incident and give the public opportunities to express their appreciation
- Collaborate to help re-build those critical services most ravaged by the incident and reflect on future prioritisation
- Co-ordinate environmental protection and recovery issues arising
- Information and media management of the recovery process is co-ordinated
- Establish effective protocols for political involvement and liaison (Parish, District / County / Unitary and Parliamentary)
- Cherish and implement the learning from the incident, including capturing best practice and reflect on future priorities in the light of collective experience.

2.14. Below is the HIOW LRF Recovery Structure, this is Chaired by David Williams CEO of Portsmouth Council. Similar groups exist in this structure to those dealing with the crisis. For Health, Social Care & Welfare this is chaired by Maggie MacIsaac (Hampshire and Isle of Wight CCGs CEO) and Innes Richens Director Of Adult Social Services (DASS) Portsmouth City Council.



3. Prevent Spread of infection

3.1. Preventing the spread of COVID-19 infection is fundamental to tackling the pandemic, and at the core of the national and local response. The focus of the national strategy ("contain, delay, research and mitigate") has been to flatten the epidemic curve and push the first wave into the Spring and Summer months to give the health and social care system (and other critical services) more time to prepare, build capacity, and respond. Alongside this, measures have sought to protect those groups that are more clinically vulnerable to the severe impacts of contracting COVID-19.

3.2. A comprehensive overview of the national measures that have been used to prevent the spread of COVID-19 infection is captured by the Health Foundation's Policy Tracker, see: https://www.health.org.uk/news-and-comment/charts-and-infographics/covid-19-policy-tracker

3.3. *Our Plan to Rebuild: The UK Government's COVID-19 recovery strategy* sets out key preventing the spread of infection measures for phase 2 and 3 of the current recovery, with phase 2 focussing on "smarter controls" and phase 3 on reliable treatment and/or a reliable vaccine. Smarter controls includes making contact safer (by redesigning public and work spaces), those with symptoms and contacts self-isolating, using testing, tracing and

monitoring of infection to better focus restrictions according to risk, and localised outbreak management.

3.4. At the LRF level, a Preventing the Spread of Infection (PSI) Cell is in operation, which supports strategic decision-making and alignment of policy in relation to preventing the spread of infection measures. Going forward it is likely that the scope of the Cell will focus on the following:

- Hampshire and Isle of Wight coordination and oversight of the delivery of national Testing programmes
- Hampshire and Isle of Wight coordination and oversight of the delivery of the national elements of Test and Trace programme
- Alignment of local authority Outbreak Control Plans (as appropriate, it is recognised there will be overlap)
- Identification of the need for coordinated public messaging to help prevent spread of infection with delivery via the LRF Media Cell.

3.5. At the local level a PSI Group, chaired by the Executive Director for Wellbeing and Adult Services (with the Director of Public Health as Lead Officer), has been established with a focus on coordinating delivery and ensuring oversight of key PSI measures by Southampton City Council. This includes delivery in relation to PPE, the national testing programme, messaging on social distancing and good hygiene practice, high risk settings (i.e. care homes, education settings, homeless hostels), and high risk and/or vulnerable groups. This is due to evolve into the COVID-19 Local Health Protection Board, which will be chaired by the Director of Public Health and responsible for the development and operational implementation of a Southampton City outbreak control plan; and hence will be a multi-partnership Board with oversight across the Southampton system.

3.6. To date, key local actions to support the PSI agenda include:

- Contribution to a pilot testing programme in Southampton.
- Rapid mobilisation of an Information Cell (supported by Public Health, strategy, HR and communications) to provide coordinated and robust advice to Southampton City Council services in relation to COVID-19 related queries, a large proportion of which require advice on preventing the spread of infection.
- Establishment of a working group to focus on PSI in relation to care homes (a high risk setting).
- Establishment of a “safe working in the Civic” working group, to ensure the return of some workers to Southampton City Council buildings is as low risk as possible.

- Rapid mobilisation of a Southampton City Council PPE Group to oversee and coordinate the supply of PPE to council services and, where required, providers.
- Southampton City Council recommendations for use of PPE by its staff not in health or social care settings.
- Prioritisation Framework (and supported by a paper on ethical frameworks) for utilisation in the event that there are shortages of PPE.
- Liaison with the LRF PPE Cell and TCG to enable use of the LRF Hampshire and Isle of Wight stockpile for providers where required (strengthening their supply chain options).

3.7. Key areas of focus going forward include:

- Establish a COVID-19 Health Protection Board (as above)
- Develop a Southampton Outbreak Control Plan
- Continue prioritisation of care homes for staff and resident testing
- Support education sector in ensuring schools can open safely and in engaging with PHE when there are suspected or test positive cases in a school community
- Support primary care in developing a sustainable and cost efficient procurement process for PPE in the medium term (aligned with LRF work)

4. Impact of COVID-19

4.1 Overall deaths from COVID-19

4.1.1 Overall there are **4,444** lab-confirmed cases in the Hampshire and Isle of Wight area: **3,336** in Hampshire; **199** in Isle of Wight, **320** in Portsmouth; **589**in Southampton. (At 17:00 01/06/2020).

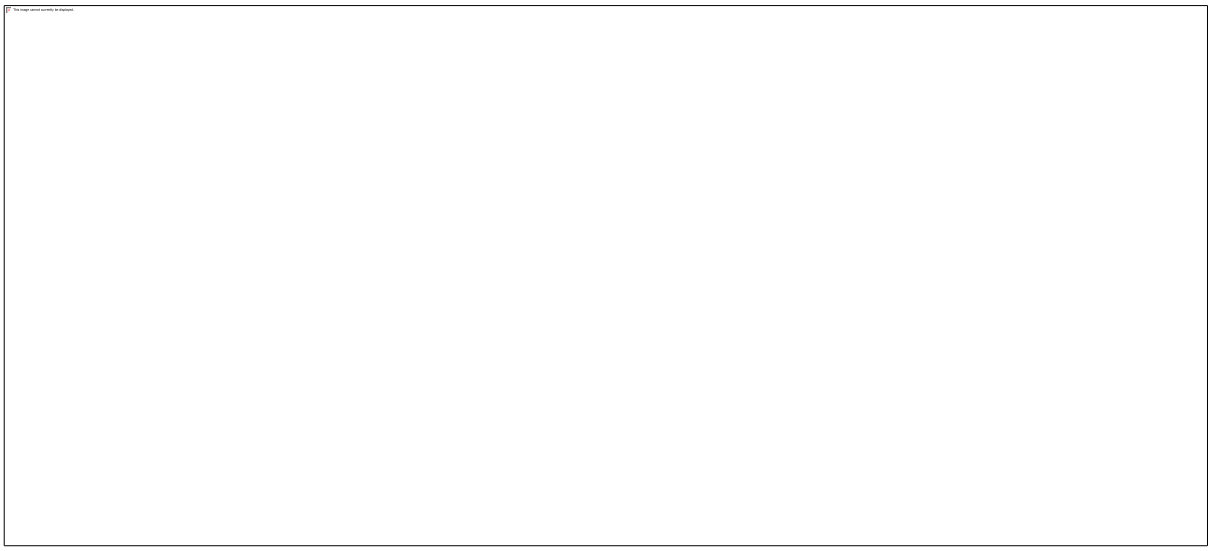
4.2 Outbreaks in Care Homes

4.2.1 The first notification of an outbreak in a care home in Southampton occurred in the week commencing 16 March 2020. There was then a gradual increase in notification of new outbreaks in care homes in Southampton over subsequent weeks, peaking at nine new care home outbreaks in the week beginning 13 April 2020 before beginning to drop over subsequent weeks, as presented below in Figure 1. In total 25 out of 63 care homes (40%) in Southampton experienced outbreaks of COVID-19 up to the 25th May 2020. This is similar to the whole of the South East average at 38.4%. Only the South West (28.1%) and East Midlands (34.0%) have lower proportion of care homes with outbreaks, with other regions ranging from 38.6 to 50.1%.

Figure 1: Number of new care home outbreaks over time in Southampton

4.2.2 The cumulative proportion of care homes with outbreaks in Southampton is also similar to local neighbouring local authorities as presented in Figure 2.

Figure 2: Proportion of care homes with COVID-19 outbreaks across Hampshire and the Isle of Wight.



4.2.3 Due to the evolution of testing it is not possible to be certain about the total number of cases of COVID-19 among care home residents in Southampton. Early on in the response, tests were limited, and many symptomatic residents would not have been tested.

4.3 Southampton Care Homes with deaths

4.3.1 COVID-19 is an acceptable direct or underlying cause of death for completing the Medical Certificate of Cause of Death. Data on deaths in care homes due to COVID-19 is compiled by the Office for National Statistics (ONS) using these certifications. Homes are also required to notify deaths within the care home setting to the Care Quality Commission (CQC).

4.3.2 In addition to CQC/ONS data on COVID-19 deaths, the Southampton IPC team have made careful enquiries about resident deaths during the support calls to care homes with outbreaks. This has been especially important in identifying deaths in care home residents that have occurred following admission to hospital.

4.3.3 To date, there have been 69 deaths in Southampton care home residents due to COVID-19 with 45 of these among nursing home residents and 24 among residential home residents, as presented in Table 1. A higher proportion of nursing home residents died within care home setting compared to residential home residents, more of whom died in hospital. An additional four COVID-19 deaths have occurred in supported living settings (data not shown).

Table 1: Care home resident deaths due to COVID-19 in Southampton

Type of home	Place of death		
	Care Home	Hospital	Totals
Nursing home resident	36	9	45
Residential home resident	10	14	24
Totals	46	23	69

4.3.4 The crude death rate per 1000 care home beds compared across different health geographies is presented in Figure 3 for all care home residents and the rate per 1000 care home residents aged 80 years and older in Figure 4. Southampton care home deaths from all-causes and from COVID-19 are not significantly different from Portsmouth, Hampshire, and the England average. The Isle of Wight has significantly lower deaths from

all-causes and COVID-19 compared to the England average but deaths due to COVID-19 are not significantly different from those in Southampton. However, these data are for deaths within the care home and do not include care home residents that have died in hospital.

Figure 3: Mortality rate per 1000 care home beds

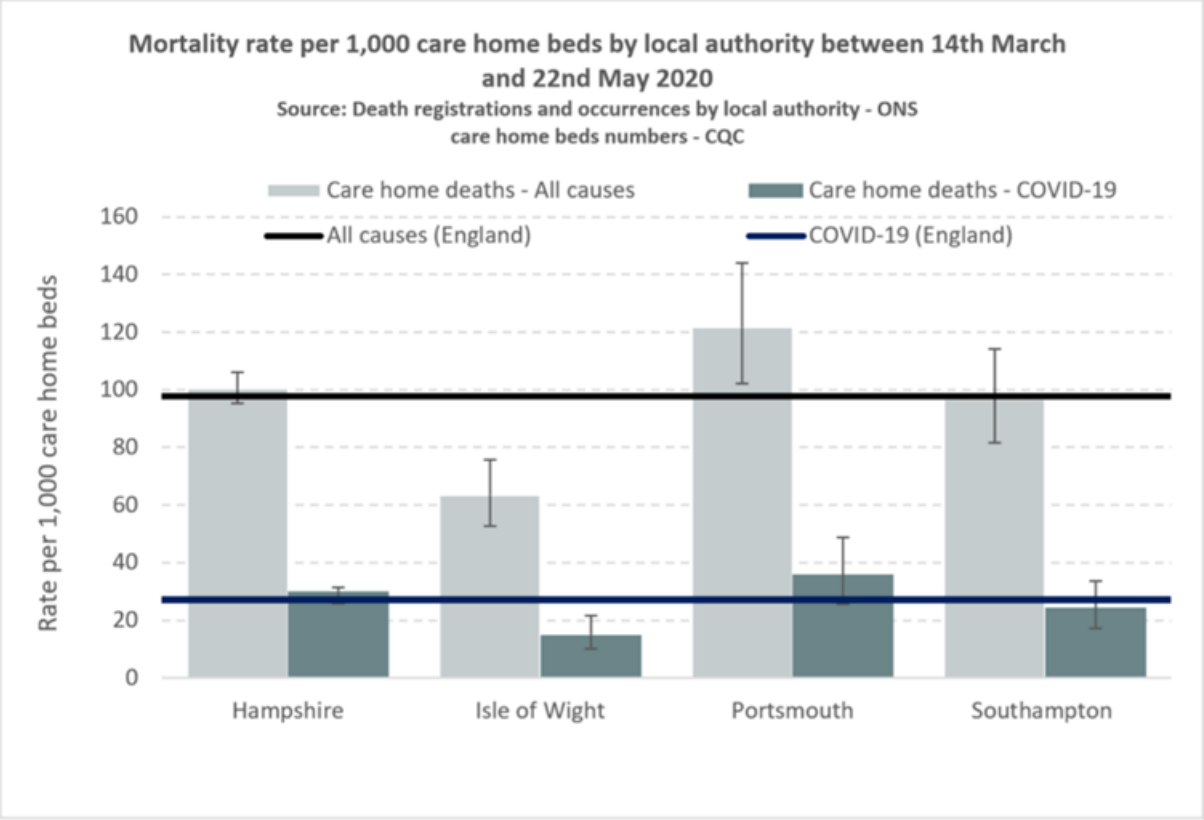
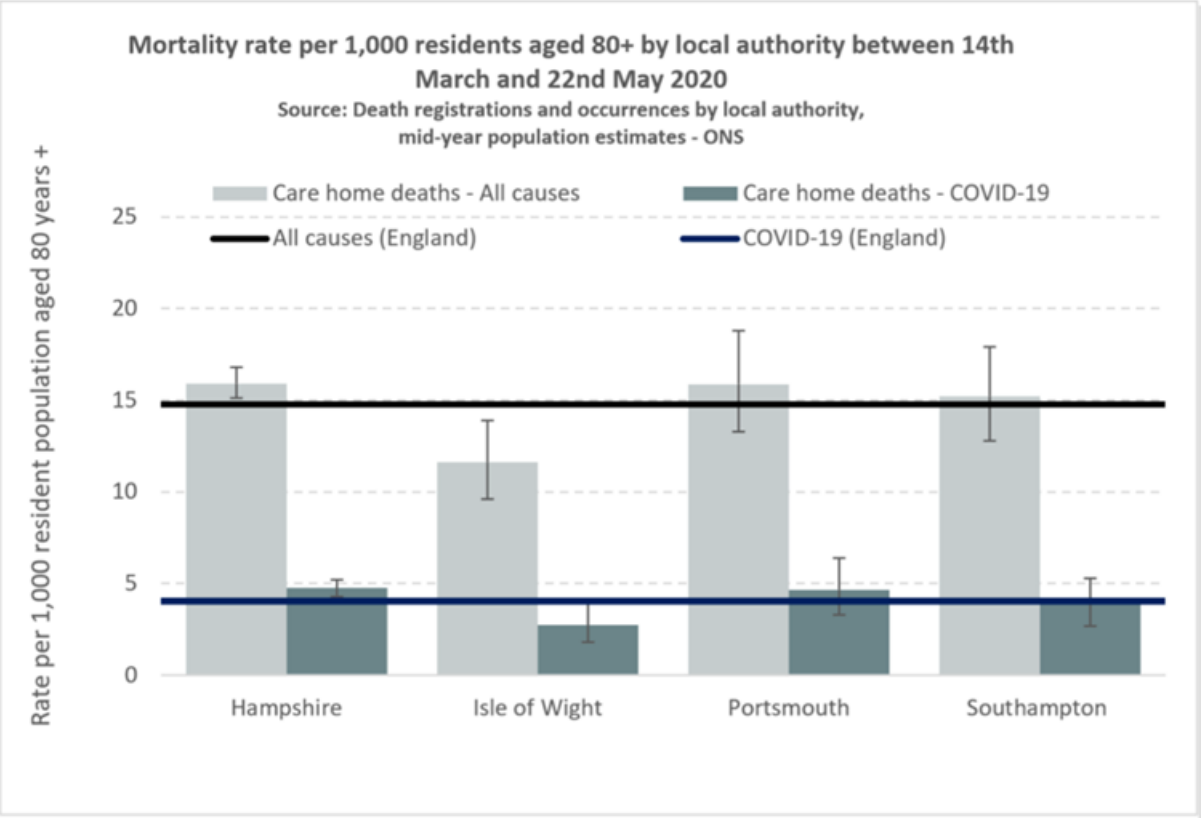


Figure 4: Mortality rate per 1000 care home residents aged 80 years and over



4.3.5 In summary, the cumulative proportion of care homes with outbreaks during the first wave of the virus has been similar in Southampton to elsewhere. The crude (unadjusted) rate of deaths in care homes due to COVID-19 and all-causes is also similar in Southampton to the whole of Hampshire and the Isle of Wight, and to England averages, although do not include those care home residents who have died in hospital. The number of new outbreaks in care homes has now slowed and those with ongoing outbreaks are rapidly coming under control. This will be in part due to good adherence to infection, prevention and control measures, including wider use of PPE, increases in testing capacity, and the lower community prevalence of active infection due to the wider societal measures of stay at home advice and social distancing. As these measures begin to be relaxed it is important that the situation in care homes will be closely monitored and whole-home testing will be extremely helpful in controlling infection.

5. Personal Protective Equipment (PPE)

5.1. NHS Supply Chain, the company owned and operated by the Department of Health and Social Care (DHSC), and the Government are working to provide Personal Protective Equipment (PPE).

5.2. Guidance was published on which PPE should be used where - and this was endorsed by royal colleges and trade unions. This guidance is shared by and discussed with Infection Control experts on a weekly basis.

5.3. Public Health England (PHE) works with other agencies across the UK to ensure health and care staff have the right PPE, while NHS Supply Chain - under the jurisdiction of the DHSC – is responsible for ensuring that PPE is distributed across the NHS and other health settings appropriately, as quickly as possible.

5.4. Steps continue to be taken across Hampshire and the Isle of Wight through a supplies task group to ensure there is enough PPE. Supplies are flowing and steps are in place for organisations to raise urgent issues as they arise. Training, support and advice is being provided to care homes, home care and other providers.

5.5. In Southampton, the Integrated Commissioning Unit (ICU) is working closely with colleagues in the Council to ensure that supplies are managed appropriately in line with government guidance. In order to enable this, the ICU is providing guidance and facilitates urgent deliveries of PPE to providers, primary care, pharmacies and other services. The greatest demand through the ICU Hub is from care homes, home care providers and those employing staff via personal budgets for access to PPE.

5.6. The availability and affordability of PPE to our local providers through normal supply routes has been variable. This has largely been in response to national market fluctuation and changing demand profile to match changes in national policy. This has meant that providers dedicate significant management time to sourcing PPE, pay significantly higher rates and at times are unable to arrange deliveries in time to meet their needs. The hub has been able to support this, in all cases, ensuring that they have supply to tide them over until they receive their next delivery.

5.7. At the end of March 2020 there was a national concern about the availability of PPE, due to increased demand and disrupted supply chains. The council launched an appeal for local businesses to donate PPE and gratefully received a number of donations. Both the Council and Clinical Commissioning increased procurement activity, using existing supply chains and working with new suppliers following appropriate due diligence activity. In addition to this activity, supplies have been made available to the city via the Local Resilience Forum.

5.8. At this time, the Council has sufficient supplies to meet demand in the immediate future, but is continuing activity to ensure that suitable stocks of PPE are procured on an ongoing basis, as well as working with providers to assist them in sourcing PPE supplies as in the current circumstances this remains a concern.

6. Changes to acute services and capacity

6.1. The NHS and local authorities across Hampshire and the Isle of Wight are working with their partners to make sure we are as prepared as possible for any increase in demand for services, and any need to change the way we work as a result of the current COVID-19 national emergency. A huge amount of planning and preparation has taken place to ensure we are as ready as we can be to meet the challenges we are facing. This has involved not just securing extra capacity for patients who have COVID-19, but also finding new ways of looking after patients with other conditions and illnesses who will still need care.

6.2. We are fortunate in Southampton to have a large regional centre in University Hospital Southampton NHS Foundation Trust (UHS). Throughout this period there has been capacity for critical care patients and plans are in place to increase these beds if required. At the peak, Emergency Department (ED) attendance was considerably lower than normal, as was the case across the country as a whole.

6.3. In line with the Government Discharge Guidance, we are working across health and care across Southampton and South West Hampshire to ensure patients that do not need to be in hospital can be cared for in different settings.

6.4. At UHS, a number of services have adapted, such as:

- The paediatric intensive care unit was moved to create additional COVID-19 critical care capacity.
- Testing laboratories increased capacity greatly from the start of the pandemic with the laboratory and pathology teams responsible for processing samples for the South of England.
- Maternity services have established a dedicated support group for pregnant women to keep them updated on changes to guidance and provide reassurance.
- More than 90 outpatient services in UHS have been now set-up to run as video and telephone clinics and a new triage tool has been implemented to ensure patients are treated in the right place and the

right time, such as by telephone, video, face-to-face or a decision to postpone the appointment.

- UHS has installed a results channel which provides nursing staff and infection control teams with live results on inpatients testing positive for COVID-19.
- A number of UHS cancer services have been moved to the Spire Southampton Hospital , which is across the road from the main Southampton General Hospital site.
- A number of other urgent services have been moved to the Southampton Treatment Centre at the Royal South Hants and the Nuffield Hospital in Chandlers Ford
- No visitors are allowed on UHS sites, in line with national guidance, but the Trust's Experience of Care Team is now accepting messages via email which will be printed, laminated and delivered to patients, and offering the chance for people to drop off small gifts and letters which members of the team can pass on.

6.5. A nationwide publicity campaign, 'Help us to help you', is underway to ensure the public is aware that services such as the Emergency Department continue to be open.

6.6. The Urgent Treatment Centre (UTC), provided by CareUK and located at the Royal South Hants Hospital, has worked alongside UHS to change their offer to support the emergency department. This includes moving as much of the adult and children over the age of 5 minor injuries work out of the UHS site and into the UTC for patients without COVID-19 symptoms. To support this, the UTC's opening hours are slightly shorter than normal with the site closing at 8.00pm daily. The UTC and the Emergency Department are also now diverting people attending with minor illnesses to primary care.

6.7. Temporary mortuary provision for Hampshire and Isle of Wight has been set up in a site within Southampton Airport.

7. Adult social care

7.1. Adult Social Care Operations Hub

7.1.1. Critical services across Health & Adults continue to provide a 7-day service with 8am to 8pm cover where there is a need to do so.

7.1.2. Increased manager presence is still being provided in areas where staff anxiety and wellbeing concerns are evident.

7.1.3. Dashboards have been developed and activity is being monitored daily to include demands across the teams as well as the daily resource position. Activity monitoring is specific to each team; however, resource monitoring activity is uniform across the services.

7.1.4. The daily activity and capacity monitoring in place provides the opportunity for managers to raise any critical items, identify pressures, challenges, practice issues, learning that may be helpful to share and circulate across teams, as well as areas of success that we may want or need to communicate to staff.

7.1.5. The demands upon the Hub have significantly reduced as the teams have adapted in their new ways of working. The monitoring, remains critical to ASC functioning and planning moving forward, and is statutorily required by the Care Act Easement Guidance of 31st March 2020.

7.2. Care Act Easements

7.2.1. We remain in the position that the Care Act Easement legislation does not require invoking at this time. This remains under constant review against the guidance criteria previously presented.

7.2.2. A tracker has been developed to build an evidence base should easements be invoked.

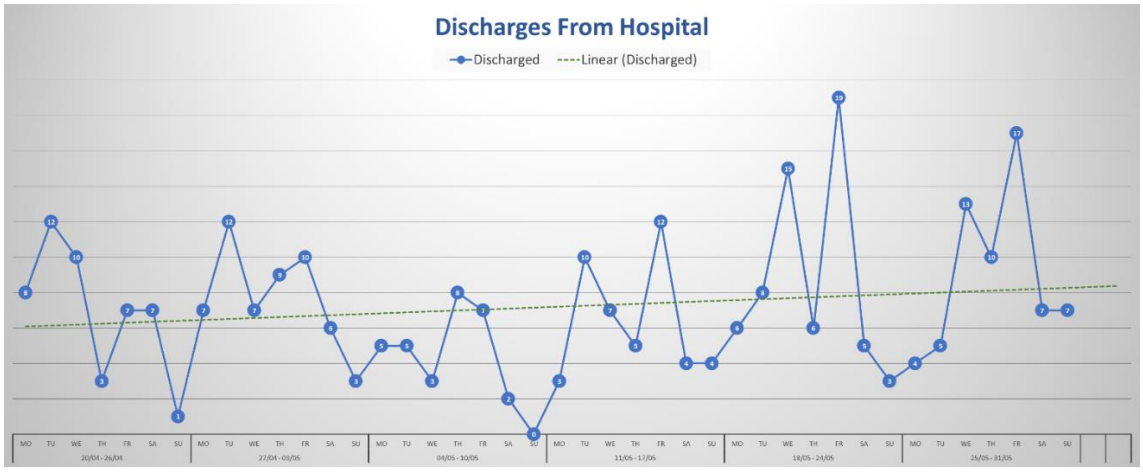
7.3. Adult Social Care Connect and social work teams

7.3.1. The ongoing demand on the service remains constant with no capacity issues at this stage. Safeguarding levels remain consistent. A focus on understanding levels of risk is ongoing especially as lockdown has now reduced slightly.

7.3.2. Face to face visits are still only being carried out where essential.

7.3.3. New activity coming into the Adult Social Care Connect team continues to show a slight downward trend since mid-April. The regular pattern of a peak on Mondays following the weekend dip remains as shown in the graph below:

7.3.4. The number of number and pattern of discharges from hospital has remained consistent from mid-April through to mid-May. However, there is a continued increase in the number of discharges over the last few weeks, which aligns with the slight easement in government lockdown measures and general communication around accessing hospital care for non-COVID-19 issues.



7.3.5. This activity is being monitored daily alongside staffing capacity. Continued monitoring over the coming weeks will identify if the further easement of lockdown by the government and continued opening of hospital services will result in a further increase in activity.

7.4. Holcroft House Residential Home

7.4.1. Currently there are 22 residents at Holcroft House. Four residents have unfortunately died from COVID -19.There is one resident that is currently COVID-19 positive.

7.4.2. The home has ordered home testing kits and all tests have been completed apart from one resident that refused a test, this resident is currently not symptomatic. This will to allow periodic testing of residents and reduce the period of the testing cycle timescale should any residents show symptoms in the future.

7.4.3. We have received 32 staff results of which one was positive, and the staff member is isolating. There have been 17 residents tested we are still awaiting results for four residents and 34 staff.

7.5. **Telecare**

7.5.1. The telecare service has remained fully operational, with some minor changes. The installation process has been adapted to reduce social contact with customers by carrying out telephone assessments/planning alongside the use of simple devices that can be remotely programmed and configured to operate independently using SIM technology.

7.5.2. Call handling has been continuous 24/7 and staff have triaged calls in detail, carrying out COVID-19 risk assessment and limiting the need for a home visit where possible. Call handling activity is currently only possible in an office setting (City Depot plus a small disaster recovery suite at Manston Court). The service is in the process of procuring the necessary software and call handling infrastructure that will enable call handling from any location, which will build in resilience for the future.

7.5.3. The emergency response service has remained operational 24/7, but with strict compliance with social distancing and appropriate use of PPE, following guidance on risk assessment of delivering personal care where social distancing is not possible.

7.5.4. Telecare devices have been supplied to the new ‘step down from hospital’ services. An additional 400 devices were purchased to support this, and as the devices are re-cyclable they will be used for people living in their own homes after the ‘step down’ facilities are no longer needed.

7.5.5. Demand for telecare services initially reduced, but these have more recently increased due to promotional activity amongst professionals and

the better use of the service to support discharges / stepdown from hospital.

7.6. Supported Housing

7.6.1. Support to customers living in supported housing and those receiving support in the general community has continued over recent weeks, mainly in the form of telephone support, but home visits when necessary.

7.6.2. Staff have retained a presence within supported housing complexes but have kept contact with residents to a minimum and have been working in offices with closed doors where possible.

7.6.3. Essential health and safety checks and housing management work has continued, but the letting of properties has been suspended. The biggest challenge has been around IT and the need to have a robust software package and IT infrastructure to support the service going forward. This is particularly important as we continue social distancing and remote working into the foreseeable future.

7.6.4. Social isolation continues to be an issue for elderly people, and the service continues to offer remote support, advice and referral to other services. People who were not previously receiving support have become more socially isolated and are now receiving support for the first time.

7.6.5. In the coming months the service will be supporting people to become less dependent and return to a level of independence that has been recently taken away from them.

7.7. Housing Adaptations

7.7.1. The OT assessment process has been scaled down significantly since the lockdown was announced. A number of staff have volunteered to work in other service areas and have been undertaking the necessary training for this to be possible.

7.7.2. Clients have limited access to some essential facilities and continue to rely on care support and relatives to help manage their existing situation. Many clients fall within the vulnerable groups, and do not want visits to take place.

7.7.3. The service has developed a telephone- based assessment process, which will be used where possible, in conjunction with other technologies such as 'WhatsApp', where a client or family member is able to show the OT the home environment.

7.8. **Internal Day Services**

7.8.1. National restrictions are in place which prevents day services operating as they did previously. A full risk assessment of each individual and their circumstances was undertaken to ensure that the support continued to be available as it was needed. This has included day opportunities providers supporting individuals with their daily exercise routines and contacting families offering support as needed.

7.9. **Kentish Road Respite Centre**

7.9.1. Kentish Road respite centre was temporarily closed due to the cancelling of all respite bookings. Officers have been deployed to support other services as needed.

7.9.2. Respite provision is available if needed via external provision and considered in conversations with individuals and families as part of the ongoing contact and assessment of risk.

7.10 **Urgent Response Service**

7.10.1 Demand on the service has been increasing over the last few weeks. Current levels are manageable within the existing resource envelope. There remains a high level of complex care packages for the service with more double handed care being required following discharge. CQC continue to monitor PPE and COVID-19 positive cases in relation to both staff and clients daily.

8. Financial impact of COVID-19

8.1 Southampton City Council's provider payment terms have been revised to promote cash flow for residential and nursing homes and are being made in advance on an assumed occupancy basis. For home care, payments are now made as soon as possible following receipt of invoices from providers, foregoing the usual contractual timetable. The CCG has also revised its terms of payment to ensure provider's cash flow is sufficient.

8.2 Taking into account pressures providers within the local market are experiencing, including increased staff absences due to COVID-19 or self-isolating and the additional time required for care, the CCG and SCC have implemented a 10% uplift to residential and nursing homes. For the CCG this covers the period 1 April to 30 June. For the Council this covers the period from mid-March until end of June. There is also a similar 10% uplift for home care packages and housing support services, recognising the additional pressures these sectors have faced. These are in addition to the uplifts awarded to placements made at the council's published rate levels for care homes from April 2020 – 5% for residential home placements; 6% for nursing home placements.

8.3 A similar 10% increase for home care, over the same periods, is in addition to changed rates following the re-opening of the local home care framework which enabled providers to re-set their rates from April 2020. The 10% uplift was the amount agreed following analysis of extra costs being faced by providers at the time and projecting likely costs until 30 June 2020.

8.4 Standard rates for new placements have been increased by 15% during this period. Some block booking of beds has been undertaken to provide further security. There is a separate process in place to further support homes, providers of home care and others in the care industry should the additional costs faced be above usual costs and mitigating measures have been exhausted. This process enables providers to request support by detailing the additional costs and impacts. The aim is to ensure that where cash-flow is compromised and costs are causing serious difficulties for providers, financial support with those costs can be provided on a case by case basis.

8.5 The above measures will be reviewed by the 30 June 2020 in order to determine whether uplifts will continue beyond this date. The review will consider whether the measures have been sufficient in the support provided; and any further actions including the possible return to normal contractual arrangements.

8.6 It is the intention to meet the allocation requirements of the Infection Control Fund announced on 14 May 2020. 75% of the allocation (£1,518,953.25) is to be paid direct to care homes and the council based upon the total of CQC registered beds in each home. Payment will be made as a grant to provider organisations. The first payment will include a condition of use of the Capacity Tracker. The second payment will be made only if the provider has made use of the Capacity Tracker and has used the initial payment in full on infection control measures. The final

25% of the allocation (£505,507) will provide the council with greater discretion to direct resources where it, working with partners, considers it will have the greatest positive impact on infection prevention and control measures. The options for this are being considered.

8.7 The longer-term financial impact of COVID-19 on the demand for adult social care and the additional costs that providers will face in the medium and longer terms is being explored. Demand modelling activity has started to ensure that total demand is understood and the impact this might have on the growth forecast. This will be a dynamic process as the impact of COVID-19 materialises and will be used for both in year and future planning purposes. It will be particularly important to understand the impacts the current period may have on demand for services from self-payers who form a majority of users in most homes.

9. Discharge arrangements

9.1. National requirements now in place mean that acute and community hospitals must discharge all patients as soon as they are clinically safe to do so. This includes those who have ongoing health and social care needs and require a package of care of some sort.

9.2. The hospital collates daily a list of those individuals who are medically optimised for discharge which is being shared with a newly formed single Point of Access based at Sembal house. The team there, comprising social workers from the Integrated Discharge Bureau, members of the Continuing Healthcare team, the Integrated Rehab and Reablement team (Urgent Response) and others are following Discharge to Assess processes and identifying interim placements for individuals.

9.3. To achieve quicker discharges locally, additional interim care capacity has been commissioned including hotel beds. Over 200 hotel beds in a number of settings in the city, Eastleigh and the New Forest, were set up at pace through a collaborative arrangement between CCGs, Southampton City Council and Hampshire County Council. The aim has been to provide care places in the community to deliver supported bed spaces, so that hospital beds can be utilised by people with a diagnosis of COVID-19 and for those in the greatest need. The service has operated on a home care style basis with live in carers, co-ordinated by an agency. The level of care that could be provided is up to four daily double-up care visits. Whilst in the interim placement, patients are assessed for a longer term placement, with relevant Care Act requirements fulfilled (but under

COVID-19 Care Act easement some of the current practices may be reduced if implemented). As demand has not been as high as originally predicted, some of these beds have been decommissioned, but a significant amount of capacity still remains to ensure demand can be met in any future wave of the pandemic.

9.4. Additional care home beds have also been commissioned. Residential and care homes are experiencing significant pressures which the CCG and Southampton City Council are mitigating in a number of ways. This includes ensuring providers are paid fully in advance for all commissioned care, providing infection control guidance to prevent and contain infections, and suppling homes with extra PPE equipment when stocks are low.

9.5. To meet the increased health needs for patients during the COVID -19 period there has been a remodelling of health care in the city. The acute hospital will focus on the most ill and community hospitals will change to provide care for those needing oxygen and respiratory care or those ill and potentially requiring symptomatic or palliative care. To support this new community hospital beds have also been developed at Adelaide Health Centre and Lymington hospital.

10. Continuing Healthcare (CHC) and individual funding arrangements

10.1. To speed the discharge process the Government has agreed the NHS will fully fund the cost of new or extended out of-hospital health and social care support packages. Formal CHC assessments, charges to self-funders or client contributions will not be progressed until after the COVID-19 emergency period. As a consequence of this instruction, the CCG has not been undertaking CHC assessments for the majority of individuals.

10.2. The CHC team can receive new applications for CHC funding for individuals from community settings at this time and the CCG will take a pragmatic approach to decision making on these during this period. The CCG is working with care providers and families to exploring undertake community DST's for new community referrals. These will be completed using technology to support both remote evidence gathering and the holding of virtual Multi-Disciplinary Team for meetings to complete the Decision Support Tool (DST). The CHC team will ensure that all DST processes are in line with NHS Framework for CHC requirements and are completed in partnership with individuals, relatives and provider services.

10.3. During the COVID-19 period, the CCG can still receive appeals regarding previous CHC decisions. The timeframe during this period is more flexible, but the CCG will endeavour to respond to appeals in a timely way. The CCG has received two appeals to date during the COVID-19 period as is liaising with the appellants to agree how the appeal will be progressed within the current COVID-19 social distancing restrictions.

10.4. The CCG is also required to track the patients being funded under the COVID-19 arrangements and to prepare to return to usual funding arrangements following the emergency period set out in the Coronavirus Act.

11. Primary care services

11.1. To prepare for the unprecedented clinical challenge in primary care in the city the CCG, with collaboration of Primary Care Network (PCN) leads, has set up a clinical command group. This work links in with Hampshire and Isle of Wight wide work around primary care as part of the overall system response. The role of the command group is to do full time planning to ensure we have adequate preparedness to meet this task. The team comprises of representatives from the CCG (both clinical and managerial), PCN leads and Southampton Primary Care Limited.

11.2. All GP practices remain open and are offering a “remote triage” first model, where patients needs are assessed remotely by a clinician either over the phone, video-call or via an electronic consultation (e-consult). 100% of practices in the city are offering e-consults and video consultations. Additionally, local centralised telephone triage arrangements have been established for patients who are suspected to be COVID19 positive. This service receives transfers from both NHS 111 services and local practices and assesses the needs and arranges suitable responses for patients who are COVID19 positive in a systematized and consistent way. The service is operated by our local GP Federation, Southampton Primary Care Limited (SPCL).

11.3. Hot and cold sites have been set up in the city for patients who require a face to face appointment in primary care.

11.4. One hot site exists which caters for those patients deemed likely to be COVID-19 positive and who require face-to-face assessment. This is presently located in St Mary’s Surgery and the opportunity to open other hot sites is in place, if demand requires this. The hot site is well equipped physically and in terms of trained workforce; it also has some specific

operating procedures. This site is operated by SPCL, which also operates a city wide home visiting service for patients who are COVID-19 positive. During weekdays, local practices contribute to the staffing of the hot site and visiting services. Across England, patients with suspected COVID symptoms are encouraged to call NHS 111. When Southampton patients with COVID-19 positive call NHS 111, if they are deemed to require further assessment they will be transferred to the services of our local GP federation (SPCL) who will provide further clinical assessment over the phone and if necessary see them at the hot site or via a home visit.

11.5. Over April and May 2020 these hot services have expanded in scope to include a remote oxygen saturation monitoring service enabling patients to safely remain at home while being monitored. SPCL have also played a key role in supporting patients who are end of life in collaboration with Solent NHS Trust and other partners.

11.6. Twelve cold sites exist for patients deemed likely to be COVID-19 negative. Patients must have an appointment before approaching any of these sites, which are spread geographically across Southampton. These sites have been set up through local practices collaborating with each other. In May 2020 these cold site arrangements were reviewed and from June 2020 more cold sites have safely re-opened to face-to-face appointments. At present 30 of 39 sites in the city are open for face-to-face appointments

11.7. During April and May 2020 the CCG has worked collaboratively with SPCL to develop their Enhanced Healthcare in Care Homes (EHCH) service. From 22 May 2020 all registered care homes in the city now have a named clinical lead and work continues to develop more enhanced Primary Care support to all residents in care homes across the city.

11.8. From May 2020, both within the city and at a Hampshire and IOW level, work has commenced in earnest around the restoration and recovery of primary care services. The emphasis of this work balances the need to restore services to mitigate the unintended consequences of undiagnosed or unmanaged health issues with the need to maintain a state of readiness for any potential re-escalation of the COVID-19 pandemic. In July 2020 the Primary Care Command Group will take stock and implement any necessary amendments to the configuration of services for the medium term. Alongside maintaining a suitable response to the COVID-19 pandemic this will also accommodate the usual changes in demand associated with an approaching winter and seasonal flu pandemic.

12. Mental health services

12.1. The ICU is in regular contact and is working in partnership with providers to understand the current service provision, understand how business continuity plans are being adapted for the fast paced changes, and to identify and jointly resolve concerns and mitigation plans for emerging risks. This includes all providers that are commissioned by Southampton City Council and the CCG, and is supporting the full range of mental health needs in the city, from mild-moderate common mental illness (depression, stress and anxiety related disorders) to supporting people living with severe and enduring mental illness.

12.2. Mental health services continue to function and have made adaptations to accommodate social distancing rules. Services are preparing for an increase in demand due to COVID-19, both immediate and into the future.

12.3. Southern Health NHS Foundation Trust has continued to provide adult mental health services in the city. Psychological services across the Trust have been moved where possible to video/telephone contact, including older people's mental health, eating disorders, adult mental health, early intervention in psychosis, crisis resolution and home treatment and community mental health teams. The Lighthouse (run in partnership with Solent Mind) is temporarily running as a 'virtual' crisis lounge. During April The Lighthouse supported 202 virtual visits by 63 people across the city who were in crisis or experiencing emotional distress who may have otherwise presented to ED services.

12.4. The Steps to Wellbeing service, provided by Dorset Healthcare NHS Foundation Trust, continues to offer digital treatment options. In addition to the usual therapeutic interventions a series of pre-recorded webinars have been developed by clinician and people with a lived experience to help local residents in coping with COVID-19 anxious thoughts, these are available to ensure that people are able to access the early support when it is convenient to their own individual home, work and family circumstances.

12.5. Solent Mind is offering alternative online, text and telephone provision in place of its usual services recognising the impact that self-isolation can have on peoples mental wellbeing and recovery

12.6. Work is underway to review national developments in mental health response to COVID-19 related anxiety and discussing with local providers. Locally we are acknowledging a potential increase in need for mental

health services over the months ahead, in light of the impact of self-isolation measures.

13. Services for those with Learning Disability

13.1 271 people use learning disabilities day services. All learning disabilities day services in the city are currently closed, including the council's internally run service. It was identified at an early stage that this would create difficulties and added pressures on services users and their carers. Therefore day services were asked to stay in regular contact with the individuals they usually support, this has been done in a variety of ways including via phone call, online and some home visits. This has led to a lot of variety in what individuals have experienced though. In a small number of cases clients have accessed day centre buildings with carers to relieve stress with appropriate social distancing and infection control measures. Rather than day services furloughing staff who weren't needed for the regular contacts, the council matched day services to supported living providers with the aim that they could provide extra capacity where needed for non-direct support tasks like shopping. In practice this support has not been widely needed as supported living services have managed to maintain service provision within their own staffing teams however it is something which could be used in the future if necessary. Work is currently taking place with external day services to establish what each day service can offer and a revised agreement for fair and equitable pricing, during this interim period, where impacts of COVID-19 mean they are unable to deliver their normal service.

13.2 The community health services commissioned by the CCG and provided by Southern Health Foundation Trust have adapted their service offer to include more virtual training for service providers such as sessions on eating and drinking awareness, positive behaviour support and postural awareness. The team continues to work in an integrated manner with the social care team in order to ensure those people that require specialist health interventions have their needs met in an appropriate and timely manner.

13.3 At University Hospital Southampton, the LD acute liaison nurses have promoted the use of Hospital Passports and put in process a place for

these to be recorded on hospital systems as well as accessible by wider health services.

13.4 The adult social care learning disability team have a process in place in which they contact service users and/or their carers to risk assess what level of ongoing communication or direct support that may be needed. This has been completed for every service user known to the team and regularly reviewed. 753 people are open to the Learning Disabilities Team.

13.5 The two externally commissioned respite services, Rose Road and Weston Court have both remained open throughout the pandemic. Most service users and carers have decided not to access their regular respite stays but some families where there are particular challenges or risks have continued to access. In addition the services have taken on a small number of emergency referrals where there is an urgent need for respite. Services are operating within government guidelines to maintain safety of service users and carers.

13.6 To help manage the process of welfare calls (which have been one of the main tasks that day service providers are undertaking) SCC officers have started contacting all individuals and/or carers that receive day care to ask key questions about the quality of the welfare calls, the frequency, and whether there anything else they need from a social worker, but also, is there anything else they would like day services to do/put in place at the current time. This also helps us ascertain, from the latest Government announcement on the easing of some of the lockdown restrictions, whether some carers are needing to return to work and if so, how we are going further develop ways to support them. We will use this intelligence to work in partnerships with individuals and carers on their own plan, but also consider feedback to help shape what a good day services offer can look like in this interim period, whilst they are unable to be fully operational.

14. Community Services

14.1. All commissioned community services have been reviewed with priority given to discharge pathways; and essential support to high-risk individuals and patients cared for at home.

14.2. All Solent NHS Trust community services in the city have completed an assessment of frontline workforce capacity and their ability to safely

operate in the event of a reduction in workforce. Mitigation plans have been put in place for essential services.

14.3. Where changes to services are necessary to ensure patient safety, or as a consequence of re-deployment of staff to priority essential services, a corresponding Quality Impact Assessment (QIA) has been completed to consider necessity of the changes, assessment of risk and proposed mitigation plans. The QIAs are reviewed by the Chief Nurse, Medical Director and relevant Operational Directors within Solent NHS Trust and ratified by its Ethics Group. Commissioners receive updates on any changes to Solent services.

15. Children and young people services

15.1. We are in regular contact with providers, the local authority and commissioning colleagues across the Hampshire and Isle of Wight system to identify, mitigate and jointly resolve any current and emerging risks.

15.2. Child and adolescent mental health services (CAMHS), provided by Solent NHS Trust, are now delivering a community crisis pathway for urgent assessment within 24 hours of young people who are/were at risk of being directed to Southampton General Hospital. This is an extension of the current service and is provided seven days a week. There is a triage system in place for this model to ensure that young people whose needs are best met within the hospital are still able to be supported there. Young people whose needs are not best met within a hospital setting will be contacted by the community CAMHS team who will undertake an initial assessment of need over the phone or through other digital platforms (including video calls) to jointly determine next steps.

15.3. CAMHS recognise that families may need additional contact with the service at this time and have increased duty capacity to respond.

15.4. Any referrals to CAMHS are reviewed daily, based on the information made available by the referrer. Those with urgent or crisis levels of need are contacted on the same, or next working day. Referrals for more routine to moderate levels of need were temporarily paused with families being provided with advice, guidance and evidence based self-help information; however these have now resumed

15.5. At a Hampshire and Isle of Wight level, a CAMHS worker is available for children and young people who call 111 for mental health support. This service can also provide a home visit if required.

15.6. Recognising the potential for increased anxiety amongst young people during the COVID-19 pandemic, 'Think Ninja', an online resource to support 10-18 year olds with their mental health has been made available to all children and young people across Hampshire and the Isle of Wight.

15.7. The 0-5 Public Health Nursing service (health visiting) is continuing to deliver some mandated contacts including the antenatal, new baby and 6 - 8 week reviews. These will either be carried out by telephone, videoconferencing or face to face visits where there is an ascertained need.

15.8. The 5-19 Public Health Nursing service (school nursing) has been largely deployed to support CAMHS, Community Children's Nursing (CCN) and the Community Paediatric Service. The CCN offer has been increased to seven days a week to avoid any hospital visits for children at weekends and looking to support the development of a Hospital@Home service.

16. Residential and home care

16.1. Residential and care homes have been experiencing significant pressures which Southampton City Council and the CCG have been working hard to mitigating in a number of ways. This includes ensuring providers are paid fully in advance for all commissioned care, providing infection control guidance to prevent and contain infections, other clinical nursing advice and supplying homes with extra PPE equipment when stocks are low.

16.2. The ICU is supporting care homes with access to the national NHS.net email service which has teleconferencing facilities through which a range of training sessions relating to COVID-19 are being provided. Additional support has included ensuring all care homes have a named clinical lead, a doctor or advanced nurse practitioner, who can provide active clinical advice, care planning and support for all residents. Care homes have also had access to weekly teleconferences providing a range of training and Q&A sessions. Alongside this a national training programme on the use of PPE, hand washing and testing has been rolled out to all homes who accepted the offer by 29th May, those who were unable to take up the offer in the initial period have been offered access to this training in June. A number of homes have experienced outbreaks of COVID-19 and a number of residents have sadly died during this period.

16.3. As part of the national response to the challenges in the care home sector the council has prepared a letter outlining the support to the sector in Southampton and an action plan is in place. This is being managed by the Care Home Oversight Group. The letter and action plan can be found at https://www.southampton.gov.uk/coronavirus-covid19/supporting-you/

16.4. The home care market comprises of providers delivering care to approximately 1500 of the most vulnerable people living in the city; there are approximately 40 providers in total. The providers cover a range of environments from client's homes, supported living clients for people with a learning disability and extra care courts where care is dedicated to that site and promoting the release of capacity. This is to support hospital discharge and the delivery of care to their existing client group. Commissioners are working with the market to facilitate mutual aid arrangements between providers and wider health and care provision. The home care sector has also had access to training and support provided by the CCG quality team.

17. Supporting the most vulnerable

17.1. Community Support Hub

17.1.1. Southampton City Council has launched a Community Support Hub and a dedicated helpline in response to the COVID-19 crisis, to ensure that the most vulnerable people across the city have access to the support they need. Southampton Community Support Hub brings together support from across the city including the NHS, Southampton City CCG, Southampton Voluntary Services and other voluntary and faith groups across the city. The service prioritises those who have received a letter from NHS England stating they are in a priority group and are unable to rely on family or friends for adequate practical support. The Hub enables the council to respond to requests, using its own resources and the voluntary sector, the community, and faith sector partners to deploy help quickly.

17.1.2. It provides a dedicated telephone helpline, arranges emergency food and social contact, signposting for people to voluntary organisations and community groups in their local area for support, and links residents to an appropriate service, which may be provided by the Council or the Voluntary sector.

17.1.3. The Community Support Hub connects people to the service available from SO:Linked, provided by Southampton Voluntary Services and commissioned by Southampton City Council and the CCG. SO:Linked is navigating people who are affected by the coronavirus situation to practical and emotional support and coordinating the Southampton voluntary sector response. This involves the establishment of a single referral and case allocation system at a cluster level to coordinate support to vulnerable people maximising capacity at a neighbourhood level, working closely with voluntary organisations, neighbourhood and resident groups, faith organisations and individual volunteers. We have also worked with SO:Linked to engage Love Southampton and the Council of Faiths to develop guidance and online training for volunteers to assist them in supporting residents experiencing bereavement.

17.1.4. The CCG is also supporting Communicare in Southampton to establish a daily telephone contact system.

17.2. **Prescription delivery service**

17.2.1. The CCG and Southampton City Council via the ICU have commissioned the Saints Foundation to provide a city-wide Prescription Delivery Scheme.

17.2.2. Saints Foundation staff work with pharmacies across the city to co-ordinate the service, as well as delivering prescriptions to the homes of those who are self-isolating or shielded as a result of the COVID-19 pandemic.

17.3. **End of life care**

17.3.1. A process has been established in conjunction with Mountbatten Hampshire (the provider of hospice services), Southampton Primary Care Limited (the local GP Federation) and Solent NHS Trust to care for those who are dying in the community, with the wishes of the patient adhered to wherever possible. This has proved to be a very successful partnership to ensure effective support is in place for people needing end of life care.

17.3.2. Community hospital beds are available in the Adelaide or Royal South Hants hospital if that is the patient's wishes or care and symptom control is difficult to provide at home. All Quality Impact

Assessments have been reviewed by the Chief Nurse, Medical Director and respective Operational Directors.

17.3.3. As a direct result of the COVID-19 pandemic the following has also been implemented:

- 24/7 advice and support available to stakeholders, including families for those specifically at end of life with COVID-19.
- Bereavement service expanded (ahead of planned time) to provide support to the care home sector.
- Increased telephone consultations with patients and families.
- Extended bereavement support to families affected by COVID-19.

17.4. **Homelessness**

17.4.1. Working with housing colleagues, we are working to ensure all rough sleepers are actively offered accommodation, in doing so ensuring we identify suitable accommodation for those who are the most vulnerable and securing appropriate options for them to self-isolate. We are supporting homeless accommodation providers with regular communication and planning discussions around workforce, supplies (PPE, food) and client support.

17.4.2. Plans are in place to support increased levels of self-isolation, cleaning routines and food deliveries for all other residents unable or unwilling to isolate.

17.5. **Vulnerable adults and young people requiring Housing Related Support (HRS)**

17.5.1. Building on the work with our single adult homeless population, the ICU is in regular contact with providers of HRS to young people, young parents and single adults who require a level of support to assist them to live in the local community. Both telephone and online contact options have been developed at pace.

17.5.2. Residents living in shared accommodation are being advised and supported to adhere to the government guidance for living in shared accommodation.

17.6. **Carers**

17.6.1 There has been close working with Carers in Southampton. A joint letter was sent out to known carers asking them to make contact with either Carers in Southampton or the Council Helpline to identify if support was needed for food, medication or social contact. Support is being provided by redeployed learning disability day centre staff to make contact with all who have not responded to the letter. Carers who need support are being referred to SO:Linked, so they can access support though the Community Coordinators. In addition daily phone calls can be provided by Communicare from their new Hello Southampton service. These are calls made by SCiA dental staff currently and in the future Communicare volunteers.

17.6.2 Work is underway with Southern Health Foundation Trust and Solent NHS Trust to raise the awareness of clinical staff about carers and promoting the need to refer and identify carer's needs.

17.6.3 We have finalised the emergency plan format and Carers in Southampton have commenced implementing this tool to gather and plan with carers.

17.7. **Victims of domestic abuse**

17.7.1. Working with local providers in Southampton and the wider network of providers across Hampshire, we are ensuring an appropriate support and response service offer remains in place through telephone and online systems. Additional resources have been made available to support an increase in demand on the services since the outbreak of COVID-19.

17.7.2. Refuge provision continues to provide a place of safety for those in need.

18. **Pharmacy services**

18.1. As a CCG we are in close contact with the Local Pharmaceutical Committee and NHS England, supporting pharmacies where we can. NHS England remains the commissioner for pharmacy services.

18.2. Locally, pharmacies have seen a significant increase in demand. This is partly due to an increase in prescriptions, higher staff absence rates and issues around patients not complying with social distancing measures within close proximity to pharmacies.

18.3. The CCG has provided guidance to GP surgeries with regards to not extending the duration of supply on repeat prescriptions and to not issue prescriptions too early, to help manage workload and supply. The CCG has communicated with the community pharmacies that provide supervised consumption of methadone and end of life drugs to keep them updated about changes to usual policy due to COVID-19.

18.4. Southampton City Council and the CCG are working with some volunteer groups, with the help of the Saint's Foundation, to help deliver medicines to the most vulnerable patients in the city, as detailed above.

18.5. In line with a nationally agreed standard operating procedure, some pharmacies are now only open between 10am - 12pm and 2pm - 4pm to deal with acute issues. The rest of the time they are working behind closed doors to catch up in a safer working environment.

19. Dentistry services

19.1. These services are also commissioned by NHS England.

19.2. During the COVID-19 pandemic all routine NHS and private dentistry have stopped. Patients who have scheduled appointments in the coming weeks are being contacted by their dental practice. The NHS is continuing to provide urgent and emergency dental care. This will be available to both NHS and private patients.

19.3. If patients have a dental emergency they should call the dental practice they normally attend during their opening hours for further advice. If they do not have a regular NHS dentist they can search for a local dentist on the NHS website at www.nhs.uk. In the evening and at weekends patients can contact NHS 111 who will provide advice and direct patients to an out of hours service if necessary.

19.4. When patients call a practice, a member of the team will carry out a telephone assessment with to assess their dental needs. They will be able to offer advice or prescribe medication to relieve any pain or to treat an infection. Urgent Dental Care hubs will be set up to provide urgent treatment when it is required. The dental workforce in the South East has been contacted to complete a short survey to advise about working in one of these new centres.

20. Quality assurance

20.1. The ICU continues to review the impact of rapid changes to health services and the potential for deterioration in existing health condition or delayed diagnosis of new conditions. Ongoing assurance is continuing for essential service provision to key patient groups, such as cancer, ophthalmology, and stroke care services

20.2. A reduced number of incident / serious incidents were reported in the early stages of the pandemic but this has now returned to normal levels. The reduction noted was caused by the reduction in normal activity. There have been a number of incidents reported relating to the management of people affected by COVID-19 and this includes an increase in pressure ulcers from facemasks, ventilator equipment and prone positioning (laying someone on their front has been found to assist recovery in the ventilated patient).

20.3. We are monitoring arrangements for new service provision, as outlined in this report, to ensure any incidents or learning can be shared at the earliest opportunity. Additionally a fortnightly sharing learning event has been established between health providers which has been welcomed and has allowed learning from events to be shared rapidly

20.4. We are also supporting quality assurance activity across Hampshire and the Isle of Wight to support providers in maintaining standards of care whilst adapting to needs arising from the pandemic. This includes identification and management of existing and newly emerging risks. This activity is continuing and we are currently working with colleagues across the system to establish longer term approaches to this work as it has been welcomed by all health partners.

20.5. The infection prevention and control team continues are working to advise and support primary care and others in the community, with a particular focus on supporting care homes and home care providers. This activity has significantly increased during the pandemic. The support provided to care homes has included daily support calls to care homes with confirmed or suspected cases of COVID-19, access to a weekly information sharing and Q&A session provided by videoconferencing which has proved to be extremely well attended. The sessions cover updates on infection prevention and control practice, use of PPE, testing, handwashing, end of life care and other relevant areas of practice. Each session is recorded and made available to the providers unable to join the live event. Attendance at the live event and views of the recording have resulted in over 100 care home and home care staff accessing this resource each week. Ongoing work with the public health team has supported the

development of an evidence based RAG rating system to allow the early identification of care homes that may be facing problems.